

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST <b>Bert</b>	MI <b>T.</b>
	NICKNAME	LAST <b>Cecconi</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY, STATE, ZIP CODE
	<b>3017 Charter Crest, S.A. TX 78730</b>		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST <b>Anne</b>	MI
	NICKNAME	LAST <b>Mullen-Smith</b>	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY, STATE, ZIP CODE
	<b>3026 Nantucket Dr., SA. TX 78730</b>		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(210)</b>	<b>699-1940</b>	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - F R)		
9 PERIOD COVERED	Month	Day	Year
	<b>Apr.</b>	<b>24</b>	<b>'03</b>
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	<b>May</b>	<b>27</b>	<b>'03</b>
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
			<b>City Council - Dist. 8</b>
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure ..		
	Name		
	Address / PO Box, Apt / Suite #, City, State, Zip Code		

GO TO PAGE 2

Revised 11/01



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Bert Ceconi

15 ACCOUNT # (Ethics Commission form)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 1

4. TOTAL POLITICAL EXPENDITURES

\$ 13,710.84

OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Bert T. Ceconi*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bert T. Ceconi, this the 19th day of May, 20 03, to certify which, witness my hand and seal of office.

*Angela Marie Falzone*  
Signature of officer administering oath

Angela Marie Falzone  
Printed name of officer administering oath

Notary Public of Texas  
Title of officer administering oath

Revised 05.17.2004

**POLITICAL EXPENDITURES**

SCHEDULE

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
MAY 19 11:28

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

4

2 FILER NAME

Bert Cecconi

3 ACCOUNT # (Ethics Commission File #)

4 Date

4-28-03

5 Payee name

Speedy Print

6 Payee address, City, State, Zip Code

8938 Broadway  
San Antonio, TX 78217

7 Amount

\$285.71

8 Purpose of payment (See instructions regarding type of information required.)

printing

9 -- Complete if direct expenditure to benefit C/OB --  
Candidate / Officeholder name Office sought

Date

4-29-03

Payee name

Henry Farias

Payee address, City, State, Zip Code

123 Broadbent Street  
San Antonio, TX 78210Amount  
\$

\$400.00

Purpose of payment (See instructions regarding type of information required.)

signs (put up)

-- Complete if direct expenditure to benefit C/OB --  
Candidate / Officeholder name Office sought

Date

4-29-03

Payee name

Henry Farias

Payee address, City, State, Zip Code

123 Broadbent Street  
San Antonio, TX 78210Amount  
\$

\$550.00

Purpose of payment (See instructions regarding type of information required.)

signs (put up)

-- Complete if direct expenditure to benefit C/OB --  
Candidate / Officeholder name Office sought

Date

4-30-03

Payee name

Election Support Services

Payee address, City, State, Zip Code

4958 Military Drive West  
San Antonio, TX 78242Amount  
\$

\$2290.39

Purpose of payment (See instructions regarding type of information required.)

mailing

-- Complete if direct expenditure to benefit C/OB --  
Candidate / Officeholder name Office sought

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2003 MAY 19 4:11 PM  
Total pages Schedule F:

4

**2 FILER NAME**

Bert Cecconi

**3 ACCOUNT # (Ethics Commission filers)****4 Date**

4-30-03

**5 Payee name**

Henry Farias

**6 Payee address; City; State; Zip Code**123 Broadbent Street  
San Antonio, TX 78210**7 Amount (\$)**

\$125.00

**8 Purpose of payment (See instructions regarding type of information required.)**

signs

**9 -- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

**Date**

5-5-03

**Payee name**

Sutherland Advertising

**Payee address; City; State; Zip Code**830 N.E. Loop 410 #200  
San Antonio, TX 78209**Amount (\$)**

\$1,000.00

**Purpose of payment (See instructions regarding type of information required.)**

marketing

**-- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

**Date**

5-5-03

**Payee name**

Henry Farias

**Payee address; City; State; Zip Code**123 Broadbent Street  
San Antonio, TX 78210**Amount (\$)**

\$125.00

**Purpose of payment (See instructions regarding type of information required.)**

signs

**-- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

**Date**

5-8-03

**Payee name**

City of San Antonio

**Payee address; City; State; Zip Code**PO Box 839975  
San Antonio, TX 78283-3975**Amount (\$)**

\$250.00

**Purpose of payment (See instructions regarding type of information required.)**

sign decals

**-- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE F**

2003 MAY 19 A 11:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

4

## 2 FILER NAME

Bert Cecconi

## 3 ACCOUNT # (Ethics Commission files)

## 4 Date

5-9-03

## 5 Payee name

Sutherland Advertising

## 6 Payee address, City, State, Zip Code

830 W.E. Loop 400#200  
San Antonio, TX 78209

## 7 Amount (\$)

\$ 913.70

## 8 Purpose of payment (See instructions regarding type of information required.)

marketing

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

## Date

5-9-03

## Payee name

Henry Farias

## Payee address, City, State, Zip Code

123 Broadbent Street  
San Antonio, TX 78210

## Amount (\$)

\$ 200.00

## Purpose of payment (See instructions regarding type of information required.)

signs

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

## Date

5-13-03

## Payee name

Campanas De America

## Payee address, City, State, Zip Code

Buena Vista

## Amount (\$)

\$ 750.00

## Purpose of payment (See instructions regarding type of information required.)

Election Night

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

## Date

5-13-03

## Payee name

Election Support Services

## Payee address, City, State, Zip Code

4958 Military Drive West  
San Antonio, TX 78242

## Amount (\$)

\$ 2,359.96

## Purpose of payment (See instructions regarding type of information required.)

mailout

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2003 MAY 19 AM 11:23  
1 Total pages Schedule F:

4

2 FILER NAME

Bert Cecconi

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5-13-03

Allied Advertising

6 Payee address; City; State; Zip Code

3700 Blanco Road

San Antonio, TX 78212

\$1,943.28

8 Purpose of payment (See instructions regarding type of information required.)

Signs

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5-14-03

Sutherland Advertising

Payee address; City; State; Zip Code

830 N.E. Loop 410 #200

San Antonio, TX 78209

\$2,017.80

Purpose of payment (See instructions regarding type of information required.)

marketing

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5-16-03

Debbie Marino

Payee address; City; State; Zip Code

7515 Peppervine

San Antonio, TX 78249

\$500.00

Purpose of payment (See instructions regarding type of information required.)

office staff

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**LOANS**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE E**

2003 MAY 19 AM 11:22

Total pages: Schedule E

The INSTRUCTION GUIDE explains how to complete this form.

**2 FILER NAME**

Bert Ceconi

**3 ACCOUNT #** (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS:

\$

**5 Date of loan**

4-28-03

**7 Name of lender**☐ out-of-state PAC (ID# \_\_\_\_\_)

Dentistry International, Inc.

**9 Loan Amount (\$)**

\$13,000.00

**6 Is lender a financial institution?**

Y

N

**8 Lender address:** City: State: Zip Code

2040 Babcock Rd, Suite 307

San Antonio, TX 78229

**10 Interest rate**

prime

**11 Maturity date**

4-28-04

**12 Description of Collateral**☐ none**13 GUARANTOR INFORMATION**☐ not applicable**14 Name of guarantor****15 Guarantor address:** City: State: Zip Code**16 Amount Guaranteed (\$)****17 Principal Occupation****18 Employer**

Date of loan

Name of lender

☐ out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address: City: State: Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none**GUARANTOR INFORMATION**☐ not applicable

Name of guarantor

Guarantor address: City: State: Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

